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\*\*\*\*131.25

SUBJECT: John Driscoll Roofing Inc.
(Proposed corporate name - must include suffix)

Enclosed is for:

ed is an original and one (1) copy of the articles of incorporation and a check				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	John Name	Driscol		
	<u>5501</u>	NU 57 Address	St.	, /
		ICI F/ 3 ty, State & Zip	4475	3/5/95
	<u> </u>	-351-274 Telephone number	11	

NOTE: Please provide the original and one copy of the articles.





The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

John Driscoll Roofing, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5501 nw 57 Street Ocala, FL 34475

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7500 authorized shares at \$1.00 per share

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VIVIAN Driscoll 5501 NW 57 Street Occula, FC 34475

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19 95.

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF SERVICE REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDAS STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: John Driscoll Roofing
<b>2</b> . '	The name and address of the registered agent and office is:
	VIVIAN Driscol  (Name)  5501 MID 57 Street  (P.O. Box not acceptable)  OCALA FLATOR 34475  (City/State/Zip)
Hav abo the to co mar as r	ring been named as registered agent and to accept service of process for the ve stated corporation at the place designated in this certificate, I hereby accept appointment as registered agent and agree to act in this capacity. I further agree omply with the provisions of all statutes relating to the proper and complete performed of my duties, and I am familiar with and accept the obligations of my position registered agent.